

POSITION	ID NO.	DATE
CLASSIFIER		SC 16-3-17
EXAMINER	EB	14 Jan 98
TYPIST	FB	3-21-98
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date									
Final	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11
Original	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18
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SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date									
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